

U.S. Department of Justice
United States Marshals Service

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| PLAINTIFF UNITED STATES OF AMERICA | | COURT CASE NUMBER CR No. 04-10129-RCL |
| DEFENDANT MARK A. MCARDLE | | TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE |
| SERVE ↓ AT | Lorraine K. McArdle | U.S. MARSHAL'S SERVICE RECEIVED BOSTON, MA 2007 MAR 21 |
| | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 10 Jana Lane, Stratham, NH 03885 | |

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be served with this Form - 285

Kristina E. Barclay, Assistant U.S. Attorney
United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested.

LJT x3283

| | | | |
|---|---|------------------------------------|------------------------|
| Signature of Attorney or other Originator requesting service on behalf of : <i>Kristina E. Barclay/LJT</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (617) 748-3100 | DATE March 16, 2007 |
|---|---|------------------------------------|------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--------------------------------|-------------------------------------|-------------------|--|------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process No. <u>38</u> | District of Origin No. <u>49</u> | District to Serve | Signature of Authorized USMS Deputy or Clerk <i>Mary J. Mcardle</i> | Date <u>3/21/07</u> |
|---|--------------------------------|-------------------------------------|-------------------|--|------------------------|

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

| | |
|---|---|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
|---|---|

| | | |
|---|-----------------------------------|------------------|
| Address (complete only if different than shown above) | Date of Service <u>3/27/07</u> | Time am pm |
|---|-----------------------------------|------------------|

| | | | | | | |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount Owed to US Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|------------------------------|------------------|

REMARKS: *Served on Lorraine McArdle by certified mail. Return receipt card signed by Hazel McArdle on 3/27/07*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lorraine McAfee
 10 Jana Dane
 Stratham NH 03865

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 3/07/07

C. Signature

Lorraine McAfee Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

7005 1820 0005 8534 1267

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999